this subject (Professor Jacob observed) that which is of paramount importance to the practitioner refers to the condition of his patient's general health at the time of the accident. In this country these accidents to the eye are in themselves generally trivial, but the worst results sometimes occur to the subjects of them from an unhealthy state of the constitution. He had known total blindness to occur in stone-breakers from this cause much oftener than would be believed. Even when the foreign body is got rid of a destructive inflammatory process is set up under these circumstances which ends in the loss of the eye. A whitish sloughy ulceration takes place in the injured part, purulent matter is deposited in the anterior chamber, and at last the sloughy ulceration extends through the cornea.

To prevent or remedy this, attention must be paid to the state of the digestive organs and health in general. A yellow coated tongue is a sure indication of that state of constitution in general, and gastric organs in particular, which leads almost with certainty to this state of things, and this must be remedied by the usual medicinal and dietetic remedies, recollecting that such cases seldom bear or require depletion.

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49. *Remarkable case of Injury of the Eye.* By JAMES DIXON, Esq., (*Proceedings of Royal Medico-Chirurgical Society.*)—A woman received a blow with a fist on the left eye. The lids became much swollen, and she suffered great pain for some weeks, but she had no medical advice; and when she applied to me, eight months after the accident, all symptoms of inflammation had ceased.

The cornea was bright and clear, but all behind it was dark, and no iris was visible. On raising the upper lid, I noticed a slight mark, about half an inch long, just behind the upper edge of the cornea. It seemed as if the sclerotic had been divided there, and afterwards repaired by a substance rather less opaque than the original structure. Three or four little dots, like grains of gunpowder, appeared beneath the conjunctiva, close to the mark in the sclerotic.

The patient kept her hand over the injured eye, finding that otherwise the light dazzled it, so as to prevent her making good use of the sound one. By means of a convex glass, I threw light into the eye, to ascertain what had become of the iris: I could then look into the posterior chamber, and distinctly see the surface of the retina, but no vestige of iris could be discovered. A single upright image of a lighted candle reflected from the cornea, showed that the lens also was wanting.

Vision was limited to the perception of large objects. The patient could distinguish the outline of a sheet of paper, but could not see the letters printed upon it. I made her look through a magnifying-glass, and to her surprise, she could discern some of the larger capitals. I added to the glass a card perforated by a small hole, and she saw everything distinctly, and read easily a "brevier" type.

It appears probable, therefore, that the blow which she received ruptured the coats of the eye, and at the same time completely detached the iris from the ciliary ligament; that the lens was dislocated, and escaped, with the iris, through the wound: and the rent in the sclerotic had afterwards healed up.

The most curious feature of the case is this:—that after so extensive an injury, the function of the retina should have been preserved; the vitreous humour, also, being so far retained, that the figure of the globe was but very slightly altered, and its bulk not visibly diminished.—*Lancet,* Dec. 5, 1846.

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50. *On Obscurations of the Cornea in their Histological relations with reference to the Practice of Ophthalmic Surgery.* By Dr. SZOKALSKI.—The author shows in the first place, that the cornea is composed of three membranes; the epithelium or conjunctival layer, the cornea proper, and the membrane of Demours. He examines the alterations which the elements of these tunics may undergo, and thence draws some practical conclusions. In nebular obscurations he has seen the epithelial cells smaller, and their layers more compact and adhering more intimately to the proper cornea. Complete staphyloma of the cornea lies principally in an anormal development of the cells of the epithelium; the adherence of the iris to the cornea is not essential, for staphylomas are seen without this accompaniment. Conjunctival xerosis is an alteration of the epithelium analogous to that which constitutes pityriasis of the hairy scalp. The red points sometimes seen in inflammation of the cornea do not precede the development of

vessels, as some authorities have taught. Inflammation of the substance of the cornea is the cause of the obscuration; the inflammation of the conjunctival layer, on the contrary, produces merely a development of phlyctenæ. The contained fluid examined under the microscope is limpid; sometimes inflammatory globules are discovered, particularly when the base of the phlyctena is turbid. In this case, there is a fibrinous deposit, which should be removed with a cataract-needle, for if it be left, the consequent suppuration is apt to involve the cornea itself. Pannus consists in a hypertrophy of the vessels, and a degeneration of the epithelium. Pterygium results from a hypertrophy of the submucous tissue which covers the sclerotic, and from the development of cellular tissue between the substance of the cornea and its epithelium.

The obscuration of the cornea, and its ulceration as a consequence of the section of the fifth pair of nerves, is not the result of a true inflammation; the author has never been able in corneas so altered, to discover either inflammatory globules or pus globules.

Inflammation assumes the same characters in the cornea as in other tissues; accumulation of blood in the vessels, granular exudation, inflammatory globules, pus. When, instead of passing into pus, the granular exudation becomes organized into filaments which unite the laminæ of the cornea, leucoma is produced. The treatment recommended by the author is that in general use, and is not based on histological researches; we may merely remark, that Dr. Szokalski enjoins salivation above all, and endeavours to produce that as rapidly as possible, by directing the mastication of pellitory root, horse-radish, &c., while the mercury is taken.

The membrane of Demours is not reflected over the anterior surface of the iris: the inflammation known by the name aquo-capsulitis, is merely a simultaneous inflammation of the iris and of the posterior surface of the cornea, and this coincidence depends on the fact, that the nerves and blood-vessels of these two parts are from a common source. The internal surface of the cornea is covered with a pavement-epithelium, the detached cells of which float in the aqueous humour, and constitute the globules which M. Donné regards as the proximate cause of muscæ volitantes. The fibrous layer of the membrane of Demours is never altered; it is found deficient, where an abscess of the cornea has pierced into the anterior.—*Monthly Journ. Med. Sci.*, from *Gaz. Méd. de Paris*, 31 Oct. 1846, and *Archiv. fur Phys. Heilkunde.*

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51. *Amaurosis from Hydatid Cyst in the Brain.* By J. Berncastle, M. D.—John S., aged 10, came under my care, about a year ago, for headache and impaired vision. The symptoms, at first irregular, gradually assumed the form of amaurosis, which, after some months, became complete; the pupils were constantly dilated; the pain in the back part of the head became most excruciating, and was not at all relieved by applications or remedies of any kind. Two months before the fatal termination, something burst internally, and a quantity of matter was discharged from the left ear, which gave great relief, the pain not returning for several weeks. At last the boy became emaciated, and although his intellect was more acute than is usual, the constitution gave way, and he died in a fit about a year from the first appearance of the disease. He desired a post-mortem to be performed, as he thought it might prove useful.

The brain was congested; and on examining the base, a watery tumour appeared to be passing out at the inferior portion of the left posterior lobe. This was carefully separated from the brain, when it was found to be a single hydatid cyst, about the size of a large orange, entirely filling up the posterior left lobe of the brain, which was not adherent to it; the tumour coming out entire, like a chesnut out of its shell, appeared like a round serous bag, containing a transparent fluid. Its pressure on the origin of the optic nerves accounts for the amaurosis; but that no paralysis should have occurred, and that the intellect should have remained unimpaired with such an extensive abnormal growth in the centre of the brain, is a remarkable instance of the liberties that Nature will sometimes take with an organ so essential to life.—*Lancet*, Dec. 12, 1846.